

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42511

State File No.

BIRTH NO. 716991-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10264

1. PLACE OF DEATH a. COUNTY <u>0</u>		2. USUAL RESIDENCE (Where deceased lived: If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> <u>H12?</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Furman Desloge Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>1304 So. Floressant Rd</u>	
3. NAME OF DECEASED (Type or Print) <u>Dayne Henry Leffridge</u>	b. (Middle) <u>Henry</u>	c. (Last) <u>Leffridge</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-1-50</u>
5. SEX <u>MC</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Oct 26-1950</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Surgeon</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis MO</u>	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>Wm Leffridge</u>	13b. MOTHER'S MAIDEN NAME <u>Alma Council</u>	NAME OF HUSBAND OR WIFE <u>Wm Leffridge 1304 So Floressant</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or name of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Wm Leffridge 1304 So Floressant</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocardial infarction</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>057.1</u>	
22. I hereby certify that I attended the deceased from <u>10</u> , to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>9:25 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm Leffridge</u> (Print or Title)		23b. ADDRESS <u>1300 Clark</u>	23c. DATE SIGNED <u>12/2/50</u>
24a. BURIAL CREMATION REMOVAL (Specify)	24b. DATE <u>12-4-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Boonville</u>	24d. LOCATION (City, town, or county) (State) <u>Boonville MO</u>
DATE REC'D BY LOCAL REG. <u>DEC 2 1950</u>	REGISTRAR'S SIGNATURE <u>Blaschke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin</u> ADDRESS <u>2301 Lafayette</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.